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Senior Leaders Healthcare Support Survey MCB Camp Lejeune

Conducted by:

Naval Hospital Camp Lejeune

Apr-May 2005

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Healthcare Support Survey

- Twelve question internet survey conducted in April-May 2005
- Sent to senior leaders in Camp Lejeune area
  - General Officers, Chiefs of Staff, Commanding Officers, Executive Officers, Sergeant Majors, Command Master Chiefs, etc.
- Questions response options:
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
- 64 respondents

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Survey Respondents and Questions

SURVEY QUESTIONS	2004	2005
Total Respondents	**51**	**64**
1. What is your branch of service?	**96% USMC**	**89% USMC**

Thinking about the healthcare services and support provided by the Naval Hospital and our Branch Clinics, please rate us on:
2. Our responsiveness to the needs of your service members.
3. The ease with which your service members were able to obtain appointments.
4. Our coordination of care when multiple providers or services were involved.
5. How much your service members were helped by the care we provided.
6. How quickly your service members were able to return to work.
7. Our attention to preventive measures to keep your service members healthy.
8. Our Emergency Department services.
9. How well we communicate with your command.
10. Our professionalism and courtesy.
11. The overall quality of care and services we provide.
12. How can we better serve you?

Rated as:

Excellent
Very Good
Good
Fair
Poor

Written Comments

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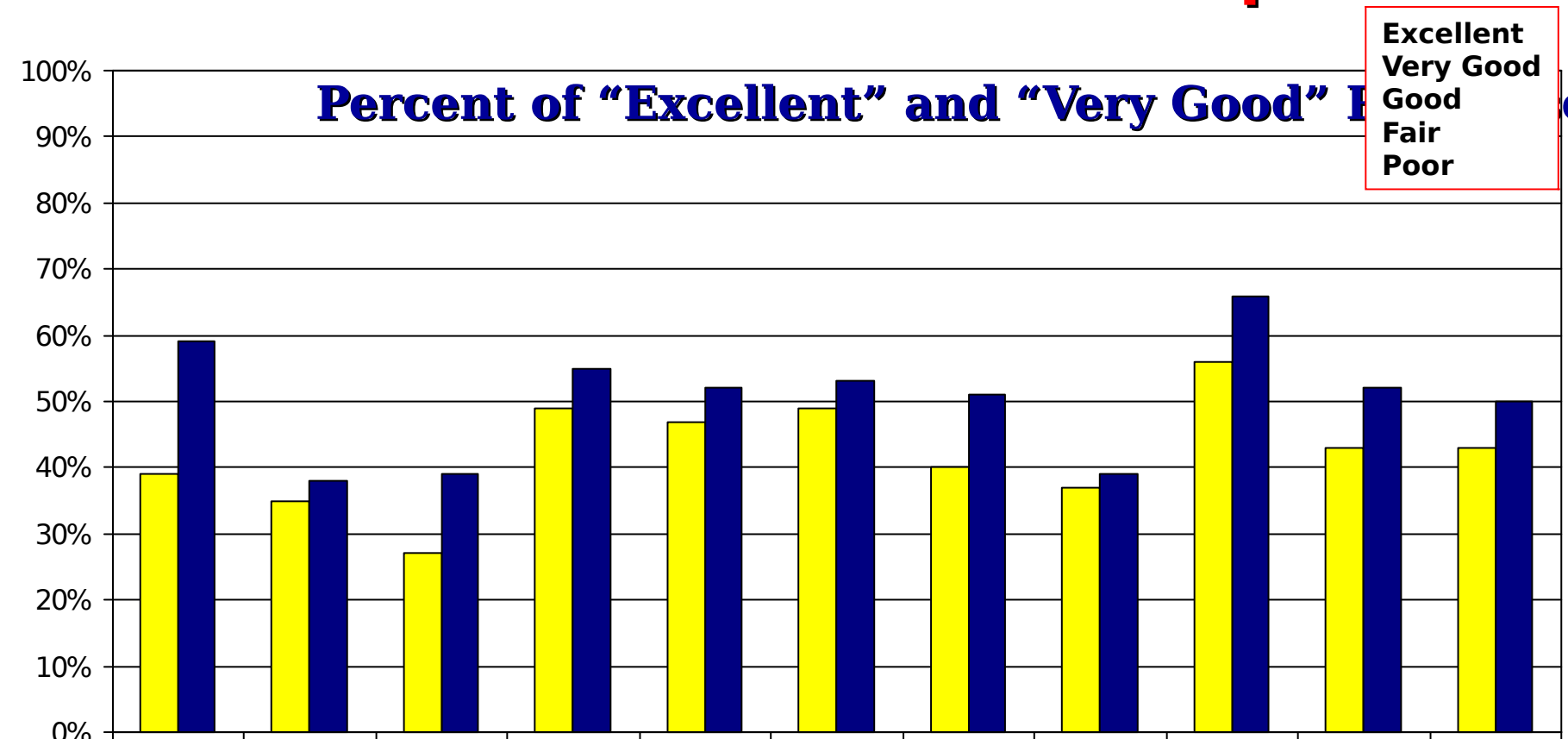
2004/05 Survey Results Comparison



	Responsiveness to Mbr	Ease of Getting Appt	Coord of Care	Helped by Care Provided	Quick Return to Work	Attention to Prev Measures	ER Services	Our Comm with Cmd	Professionalism & Courtesy	Overall Quality of Care/Svc	Overall
2004	39%	35%	27%	49%	47%	49%	40%	37%	56%	43%	43%
2005	59%	38%	39%	55%	52%	53%	51%	39%	66%	52%	50%

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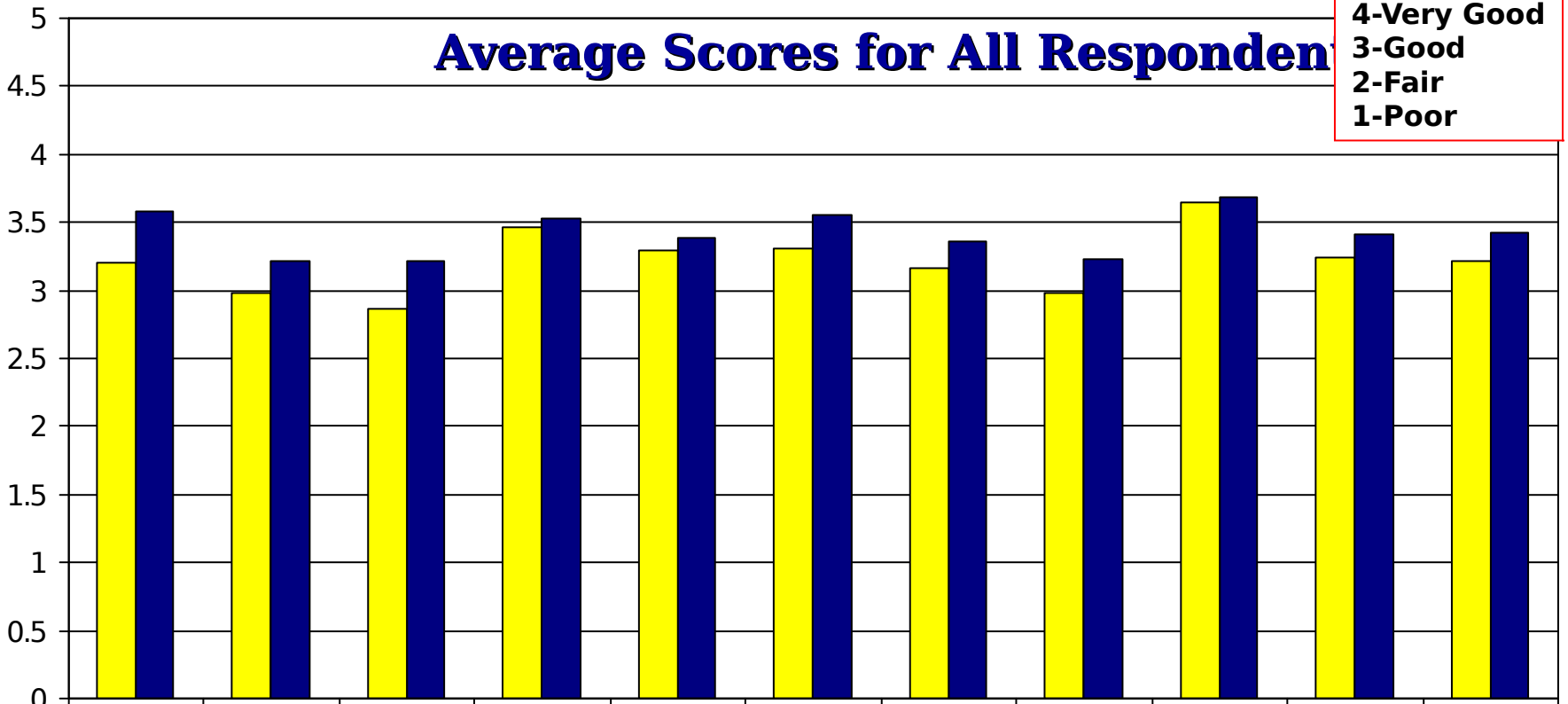
2004/05 Survey Results Comparison

5-Excellent
4-Very Good
3-Good
2-Fair
1-Poor



	Responsiveness to Mbr	Ease of Getting Appt	Coord of Care	Helped by Care Provided	Quick Return to Work	Attention to Prev Measures	ER Services	Our Comm with Cmd	Professionalism & Courtesy	Overall Quality of Care/Svc	Average Score
2004	3.2	2.98	2.86	3.47	3.29	3.31	3.16	2.98	3.65	3.24	3.21
2005	3.58	3.22	3.22	3.53	3.39	3.56	3.36	3.23	3.69	3.41	3.42

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2005 Respondent Comments

- Better feedback loops required. Very often, after being seen at USNHCL, no one calls back to inform the individual what the results of lab work when the patient is told it would occur. Referrals to other health care providers also require the patient to make several phone call follow-ups to inquire where the referral is in the process. In this regard, there needs to be a better education process for health care providers on which codes to use when using TRICARE. Frustration from Civilian health care providers not being paid when they fill out request for payment forms is frequent.

- I work at the School of Infantry. Our Medical Clinic is fully integrated into our extensive and complicated training schedule. Over the last 1-2 yrs, this clinic has made great strides in preventing and treating SOI student injuries (as well as the staff). Additionally, training at SOI incurs a certain amount of risk (live fire, heat, grenade ranges, etc). The professionalism and knowledge of the medical staff at Geiger has been and is fully prepared to deal with serious medical situations. From the newest corpsman to the clinic OIC, we enjoy excellent support. Due to my responsibilities as XXXXXX, I am intimately aware of the support requirements in which the clinic is assigned and have noted that the Geiger Clinic runs at 100% or over. There have been times when we have had no flexibility to deal with schedule changes or unforeseen requirements due to the fact that the clinic is fully tasked. Overall, excellent, although the clinic, in my opinion is working at or over its optimum limit.

- Keep up the good work.

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2005 Respondent Comments (cont.)

- 1. Not being able to enroll to NHCL was disturbing. Now that my dependents are with civilian care, customer service attention to patients concerns etc far exceeds what I use to via Military medicine. It my make a case for all medical care for dependents in the civilian sector. Getting ready to deploy and with a wife expecting, living on base and not being able to choose Navy Medicine doesn't sound right but turns out to be for the best. 2. Care for active duty very good, however care for dependents limited due to availability.

- There have been several times, in the emergency room and sick call, in which HOURS PASSED before I was even seen. This has even happened when I had an appointment. Then, when actually seen by a doctor, they tend to disappear in the ER and come back HOURS later with a random prescription.

- Have the proper medical staff at the ER.

- Have not had any Multiple care provider type incidents, but it is a required response so I put good just to fill in a spot. For preventive medicine, I suggest a more aggressive nutrition and preventive medicine awareness, with instructors or lectures to the commands. I'm a certified personal trainer and an instructor at the SNCOA and we give nutrition classes here. The majority of the Marines love the info and ask how they can get more for their units.

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2005 Respondent Comments (cont.)

- More attentive emergency room workers. Even at the wee hours of the morning when there were very few patients, I was personally left alone for approximately 25 minutes.

- When corpsman call from the BAS to check up on their Marines that they send to the hospital, the front desk doesn't want to release their diagnosis to the BAS. We call the hospital so we can enter their diagnosis into our daily report to the 1stSgt, CO and XO. If we don't have any information about our Marines we can't provide adequate feedback to the chain of command on the disposition of a Marine.

- A better automated telephone system is recommended. Or….get rid of the automated service and utilize more human operators.

- Some Marines complain about the waiting time.

- Responsiveness needs to be approved in the Emergency Room. My Marines and my family have sat in the emergency for extreme amounts of time when the appearance is that there are not that many people waiting for care. Also they need to work on the communicating to the families why they are waiting and how long it is going to take to get seen. Overall the emergency services are sub-par.

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2005 Respondent Comments (cont.)

- Don't let the emergency room take so long to treat patients. My friend was in the emergency room for four and a half hours before he received eight staples in his head.

- Have the personnel learn some courtesies! It's not difficult to be kind.

- The time that it sometimes take for the Naval Hospital to refer someone out in town is sometimes to long. The referral section should take in consideration the severity of a wound or how sick a patient is. Personal experience, I had stepped on something around the house a nail or something but it made a puncture wound, but making it quick I went to the ER they didn't see anything in the x-ray then a month later I go to medical and I had a quarter inch piece of glass in my foot. Limping and on crutches I had to return to referral sections numerous times. Only having 2 or 3 doctors to look at me here in Jacksonville I was given an appointment that was almost 3 weeks away. I had to put a lot of pressure on the referral sections to get me an earlier appt. I finally got one in Wilmington. My wife saw what I had to do to get a faster appt. and she asked me, if an active duty member has to go thru this, I wonder what a retired or family member has to go thru?

- When providing service for a marine or sailor and has a re-occurring problem continue treatment with the same physician to ensure that they now everything that has been done. This will keep from doing the same tests and treatments over and over by new people.

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2005 Respondent Comments (cont.)

- I've been to the emergency 3 times this year, and every time I went I was never seen due to the fact that I was not sick enough to be seen right away. My waiting period was 24 hours…patiently.
- Provide more primary care providers for families.
- The wait time in the emergency room is longer than any hospital that I've ever been to. I don't know what could be done, but anything would help.
- Ailments that cannot be determined by your facility should be referred to outside agencies (Civilian clinics, hospitals) as early as possible.
- Civilian Staff can be more courteous and patient We understand they have a job to do, but it doesn't help situations when they are rude and inconsiderate.
- More accurate capability to integrate USMC personnel into medical / dental tracking databases.

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2005 Respondent Comments (cont.)

- Emergency services are greeted with a nonchalant attitude as if we were second class and an inconvenience because we are seeking medical care after "normal working hours". If coordination has to be made with medical outside the Naval Hospital it is prudent that the service member knows in full the process in order for us to be able to make the follow up calls to insure we get that care. Several times during my issue of being transferred to Wilmington to receive orthopedic surgery. If I had not had the foresight to gather the information prior to the surgery, I would have missed the appt and the subsequent follow up visit. My having to call frequently to in order to gain push the entry of the referral does not seem to me to be the way the system was designed. It took 11 days from initial visit to actual surgery in order to have a small hardware set for a broken ankle with normal swelling. Twice surgery was scheduled at NHCL and both never occurred. One of those I was even under anesthesia and wheeled in to operating room to be wheeled right back. Then thee process of scheduling and referral began to get me to Wilmington. 11 days for the process. It even took 4 hours at the emergency room for me to get any kind of pain meds or anything other than my BP completed. At this point I am not comfortable bringing my family in for service and regularly will do all I can to make sure my family is cared for outside of the NHCL. In addition, getting TRICARE information entered correctly and consistently is exceptionally difficult.

- There is no reason to be sitting in the emergency waiting room for over an hour.

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2005 Respondent Comments (cont.)

- We have NO idea how a Marine is evaluated for Light duty, Lim duty or Med Boards. The commands are in the dark, HQMC is in the dark as far as who, what, when, how, and why a Marine is placed. We get a chit with no real justification on it. Marines will go to sick bay and get a chit for XYZ and they just fleece the government with SIQ and light duty. There are serious dollars being used for Marines that never saw combat and little for those that did. There are Marines that were wounded mentally from things that happened but are on full duty. However they are still damaged goods. I have yet to see something in place that is anything like a time to just demobilize the human; unless something has gone wrong…i.e., stress related incident, alcohol related incident, domestic or work related violence. If Marines are expected to "do what we do" we should expect nothing less from everyone else…..OORAH

- Wish it was easier to know when your referral can be acted upon. My Sergeant had to call every day and it took almost 3 weeks to finally get an appointment. For someone who is getting out of the military, this was a lengthy delay. Have currently not been called pending a referral to Physical Therapy (it's been 2 weeks).

- Have as many as things like x-ray machines because my wife couldn't get one when she needed it. And make things quick so Marines can return to work. Thank you.

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2005 Respondent Comments (cont.)

- Very good care. I was in for surgery in the ENT department. All personnel working there were very helpful and handled me in the most professional manner.

- When a pap smear is done at the Naval Hospital it is kept on a separate record and nothing is forwarded to the command medical center therefore not showing it has been done.

- Communication between the specialists and the command could be better, especially from the mental health side. Typically we receive a letter recommending separation, but often have a hard time getting a Doctor on the phone to get further details.

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